



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PATIENT GRIEVANCE PROCEDURE

Effective Date: May 18, 2012

Policy #: PR-03

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- I. PURPOSE:** To establish a process whereby patients or their authorized representatives may have their grievances and complaints resolved in a prompt, reasonable and consistent manner. Also to provide a mechanism by which Montana State Hospital (MSH) may investigate and rectify patient rights violations as defined by statutory definition 53-21-142.
- II. POLICY:** MSH will provide and adhere to a procedure for receiving, resolving, responding and resolving grievances/complaints and concerns of patients or their representatives.
 - A. MSH patients can use the patient grievance procedure as a formal means to voice possible violations of patient rights for MSH to address.
 - B. The Patient Grievance Procedure is a means for inquiring into the issue raised by the patient, looking at the issue from the patient's perspective as well as that of staff members, and identifying actions to be taken to resolve and prevent further recurrence. The grievance may be filed by the:
 - 1. patient
 - 2. the patient may complete with assistance from others
 - 3. completed by others who witness a potential rights violation.
 - C. No person shall be punished or retaliated against for using the Patient Grievance Procedure.
 - D. Use of the Patient Grievance Procedure does not limit the right of a patient to seek remedy for a complaint in the legal system.
 - E. The Grievance Committee (GC) will respond to all grievances. If numerous grievances are received from a single patient in a short period of time, a committee member will assist the patient in working with their treatment team or other appropriate individuals to find resolution (include peer specialist, resident council and medical staff.....)
 - F. Patients and family members will be provided with information regarding patient advocacy organizations that may be able to assist them, such as the Mental Disabilities Board of Visitors and the Mental Health Ombudsman or other advocacy agencies.
 - G. Patients have the expressed right to bypass this entire grievance procedure and contact the Department of Public Health and Human Services Mental Health Ombudsman or other advocacy agencies at any time.

III. DEFINITIONS:

- A. Patient Grievance- is a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoP), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489.
1. Verbal or Written Patient Complaint:
 - Verbal complaint is a complaint that can be resolved at the time of the complaint by the staff present. A complaint is considered resolved when the patient is satisfied with the actions taken on his or her behalf.
 - Written complaint is always considered a grievance, whether from a patient or their representative regarding the patient care provided, abuse or neglect, or the hospital's compliance with CoP.
 2. Post-Discharge Grievances or Complaints:
 - Information obtained with patient satisfaction surveys do not usually meet the definition of a grievance. However, if an identified patient writes or attaches a written complaint on the survey and requests resolution, then the complaint meets the definition of a grievance.
 - Patient or patient representative may verbally contact the hospital with a complaint regarding patient care or with an allegation of abuse or neglect, or failure of the hospital to comply with CMS requirements.
- B. Medical Grievance – A Medical Grievance is a grievance or complaint specific to the provision or non-provision of medical care or services. An example might be a grievance concerning medications, the need for a diagnostic procedure, or a request for an opinion from another medical practitioner.
- C. Grievance Committee (GC): Multidisciplinary team to include an RN; Social Worker; Rehabilitation Therapist; Peer Support Specialist; Treatment Specialist; Quality Improvement staff. These positions are appointed by the hospital administrator. A member of the Board of Visitors may attend.
- D. Grievance Committee Chairperson: A person appointed to this position by the Hospital Administrator or his designee.
- E. Grievance Procedure: The procedure used when the patient's concern or complaint cannot be resolved at the point of contact or service by the staff present.
- F. Point of service or contact: The place and time the services are or were to be provided or where a barrier was encountered, or where a majority of patients will receive services, including Admitting, Business Office, Recovery Center, Therapeutic Learning Center or other areas of MSH Campus.

IV. RESPONSIBILITIES:

- A. Grievance Committee is responsible for reviewing and responding to all patient grievances, and recommending action within the context of this policy. The GC is responsible for oversight and coordination of the Patient Grievance Procedure. The GC is responsible for enforcing the time frames prescribed in the Patient Grievance Procedure.
- B. Grievance Committee Chairperson is responsible for receiving and processing all grievances and complaints on a daily basis. This position is also responsible for scheduling and chairing the Grievance Committee and keeping a Record of all grievances and complaints.
- C. Social Work Staff is responsible for explaining the Patient Grievance Procedure and MSH Patient Rights to each patient within 3 days of admission. This may need to be repeated if the patient does not clearly understand the information when it is first presented. See policy #PR-04, *Patient Rights and Grievance Procedure Information*.
- D. All MSH Staff are responsible for maintaining the integrity of the grievance process and helping to resolve patient complaints and disputes. This may include ancillary staff and other managers.
- E. Administration is responsible for oversight of the grievance/complaint process and procedure, and its compliance with applicable state and federal laws and regulations.

V. PROCEDURE:

- A. Upon admission or within 3 days, the social worker will review the MSH Patient Rights with the patient by:
 - 1. explaining the Patient Rights to the patients,
 - 2. asking the patient to sign the Patient Rights form,
 - 3. providing the patient a copy of the signed form, and
 - 4. placing a copy of the form in the patient chart.
- B. In conjunction with the Patient Rights the social worker will explain the Patient Grievance Procedure including the Grievance Appeal Process.
- C. MSH Patient Rights and the Patient Grievance Procedure are posted on each MSH unit; grievance forms are available on all units and available upon request from all MSH staff. Locked boxes are located on each unit, the Recovery Center and the Therapeutic Learning Center (TLC) with available grievance forms.
- D. Patients, families or patient representatives may contact any employee to file a complaint or grievance. The employee should make every attempt to resolve the concern immediately by utilizing LEAP (Listen, Empathize, Apologize, Proceed):

Listen: Let the patient express his or her dissatisfaction. Be patient and attentive as person talks. Avoid the natural urge to jump in with your response. Demonstrating

sincere concern by actively listening usually leads to a rational resolution of the complaint/grievance.

Empathize: Respond to the patient by acknowledging the concern. Tell them “Thank you”, that you “understand”, etc. Don’t blame others or make excuses.

Apologize: Apologize that there is a problem. Saying sorry in an authentic manner can be a very powerful means of resolving a problem.

Proceed: Help the patient, family, or patient representative by remedying the situation. Meet the patient’s needs to the best of your ability. Ask for help from others.

- If the patient is in danger, staff must act immediately to maintain patient safety.
- E. A representative of the Mental Disabilities Board of Visitors or other advocacy organization may participate in GC meetings, and will be reviewing grievances and offering suggestions for complaint and dispute resolution.
- F. The Grievance Committee Chairperson is responsible for receipt of grievances on a daily basis and taking primary action by:
 1. date stamping receipt of the grievance and initiating the grievance timeline and process, and
 2. ensuring a copy of the grievance is sent to the Mental Disabilities Board of Visitors.
- G. The GC will meet at least weekly to make recommendations for appropriate grievance resolution.
- H. The GC will operate on a consensus basis, working to find a resolution and response to patient grievances that is acceptable with all members of the committee. If the committee is unable to reach consensus, the Chairperson or their designee will determine the appropriate response with input from all members of the committee.
- I. The grievance process may be terminated at any time if:
 1. resolution is reached when indicated by the patient and documented by a patient’s signature on the grievance form,
 2. a patient objects to continuing with a grievance filed on their behalf by a third party, or
 3. the grievance has been transferred to another authority.
- J. Grievance process:
Step 1 – Review and Response

Staff will provide grievance forms to patients whenever requested. Staff should inquire at this time whether there is anything they can do to assist the patient or resolve the matter. See letter D under Procedure.

All grievances will be forwarded to the GC for recording.

Within seven days, the Program or Nurse Manager or other individual designated by the GC will address the issue through informal means in an attempt for resolution.

If a resolution is reached, both the Program or Nurse Manager and the complainant will sign and date the grievance form as satisfied. The Team Leader will forward the grievance form to the Patient GC.

If a resolution cannot be reached, the Program or Nurse Manager will forward the Patient Grievance Form, the Patient Grievance Action Form, and relevant documentation as necessary, to the GC. The GC will meet and discuss the grievance within seven days. The complainant and the Program or Nurse Manager will be notified in writing of the GC decision. The committee will maintain records of its findings and actions.

Written responses will be sent by the GC to all individuals who submit grievances. The response letter will include:

1. decision that contains the name of the hospital contact person,
2. the steps taken on behalf of the patient to investigate the grievance,
3. the results of the grievance process, and
4. the date of completion.

Step 2 – Appeal Process (Internal)

If the complainant is not satisfied with the Step 1 response of the GC, an appeal may be submitted to the GC within ten days of receiving the written decision.

A Review Officer will be appointed by the GC to investigate the grievance. The selection of the Review Officer will be based on expertise relevant to the grievance and the ability to objectively investigate the issue. The Review Officer will submit a written report to the GC within ten days of the assignment. This report will include documentation of the investigative activities and a recommendation for resolution.

The GC will make a decision based on the investigation findings. The complainant, Program or Nurse Manager, and Patient Advocate (if indicated), will be notified in writing of the decision within 30 days of receipt of the appeal.

Step 3 – Appeal Process (MSH Administration)

If the complainant is not satisfied with the Step 2 response of the GC, an appeal may be submitted to the GC within ten days of receiving the written decision.

The Hospital Administrator will be notified by the GC of this appeal. A hearing will be scheduled and conducted, unless waived by the complainant, within 15 days of receipt of appeal. The complainant, Patient Advocate (if indicated), Program or Nurse Manager and others involved with the issue will be notified at least five days in advance of the date, time and location of the hearing.

Every reasonable effort will be made to ensure full development of the issue in a fair and equitable manner. Parties to the grievance may call witnesses for testimony. However, the Hospital Administrator may limit repetitive or irrelevant testimony and/or the number of witnesses. If necessary, separate arrangements will be made to hear testimony from parties unable to attend the hearing.

The Hospital Administrator will prepare a written decision within 15 days of the receipt of the Step 3 appeal. The complainant, Patient Advocate (if indicated) and Program or Nurse Manager will be notified in writing of the decision.

In the event the hearing is waived by the complainant, the Hospital Administrator will review applicable statements and documentation and render a written decision within 15 days of receipt of the Step 3 appeal.

Step 4 – Appeal Process (DPHHS)

If the complainant is not satisfied with the Step 3 response of the Hospital Administrator, an appeal may be submitted to the GC within ten days of receiving the Hospital Administrator's written decision.

The Administrator of the Addictive and Mental Disorder Division of the Department of Public Health and Human Services will be notified within three days of receipt of the Step 4 appeal. The appeal and relevant information will be directed to the Division Administrator.

The Division Administrator will render a written decision within 15 days of his/her receipt of the grievance unless he/she requests additional investigation into the issue. If additional investigation is conducted, the decision will be rendered within 40 days of completion of additional investigation.

The complainant, Patient Advocate (if indicated), and GC will be notified in writing of the decision. The Division Administrator's decision is final.

- K. The GC maintains files of all grievances and corresponding documentation, statements and decisions.

A database of aggregate grievance information (number of grievances filed, types of complaints, resolutions reached, etc.) is also maintained. This information is reported semiannually to the Quality Improvement Committee.

- L. Medical Grievances – When a grievance is filed that is specific to medical care or treatment, the Grievance Committee Chairman will review the complaint with the Medical Director who will appoint staff members with expertise in the area of concern to review and investigate the complaint and advise the committee on a course of action.
- M. Patients should be encouraged, but are not required, to attempt to appropriately voice complaints and resolve disputes through routine and informal interactions with staff.

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N. Patients have the expressed right to bypass this entire grievance procedure and contact any advocacy organization, such as the Montana Mental Health Board of Visitors or Montana Advocacy Program for assistance.

- VI. REFERENCES:** Title 53, Chapter 21, section 142(14) Montana Codes Annotated
- VII. COLLABORATED WITH:** Mental Disabilities Board of Visitors, Grievance Committee Chair, Associate Hospital Administrator, Hospital Administrator
- VIII. RESCISSIONS:** #PR-03, *Patient Grievance Procedure* dated November 30, 2009; # PR-03, *Patient Grievance Procedure* dated January 14, 2008; # PR-03, *Patient Grievance Procedure* dated April 10, 2006; # PR-03, *Patient Grievance Procedure* dated March 31, 2003; # PR-03, *Patient Grievance Procedure* dated February 14, 2000; MSH #13-03G.081390, *Patient Grievance Procedure* dated September 30, 1996
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Grievance Committee Chairperson
- XII. ATTACHMENTS:** None

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Joan Daly Date
Associate Hospital Administrator